125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING TELEPHONE NUMBER CONTACT PERSON AGENCY NAME 601-576-7847 Mitchell Adcock MS State Department of Health 7IP STATE ADDRESS CITY 39211-1700 MS PO Box 1700 Jackson EMAIL SUBMIT Name or number of rule(s): MISSISSIPPI POISON CONTROL CENTER CERTIFICATION STANDARDS Ingrid.williams@msdh.ms.gov DATE 9-28-15 Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Per the federal law, the Public Health Service Act, in order to receive the federal grant, as outlined in the Act, a poison control center must be accredited by a professional organization in the field of poison control, and the Secretary has approved the organization as having in effect standards for certification that reasonably provide for the protection of the public health in regard to poisoning; or the center has been certified by the state government as having in effect standards for certification that reasonably provide for the public health with respect to poisonings. The Mississippi Poison Control Center (MPPC), located on the campus of the University of MS Medical Center has requested the Mississippi State Department of Health develop standards and become the state's certifying body for the MPCC. The attached are the standards by which the MPPC must comply in order to be accredited in the State of Mississippi. Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-3-15 List all rules repealed, amended, or suspended by the proposed rule: New Chapter: Chapter 5 **ORAL PROCEEDING:** . An oral proceeding is scheduled for this rule on Date: Time: / _____ Place: ; Presently, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency. ECONOMIC IMPACT STATEMENT: Concise summary of economic impact statement attached. X Economic impact statement not required for this rule. **TEMPORARY RULES FINAL ACTION ON RULES** PROPOSED ACTION ON RULES Date Proposed Rule Filed: X Original filing Action proposed: Action taken: Renewal of effectiveness Adopted with no changes in text New rule(s) To be in effect in _____ days Amendment to existing rule(s) Adopted with changes Adopted by reference Effective date: Repeal of existing rule(s) X Immediately upon filing Adoption by reference Withdrawn Repeal adopted as proposed Other (specify): _ Proposed final effective date: Effective date: 30 days after filing 30 days after filing Other (specify): Other (specify): Printed name and Title of person authorized to file rules: Mitchell Adcock, Chief Administrative Officer Signature of person authorized to file rules: DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP OFFICIAL FILING STAMP SECRETARY OF STATE Accepted for filing by Accepted for filing by Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.